

## MED-WAIVER MONITORING CHECKLIST

Consumer		Date		Time	
QMRP		Staff on Duty:			
<b>HEALTH AND MEDICAL:</b>					
1. Current Physical:	Yes	No	New Physical Needed By:		
2. Current Dental Checkup:	Yes	No	Last Checkup:		
3. Current Eye Exam:	Yes	No	Last Exam:		
4. Current Mantoux Test:	Yes	No	Results:	Pos	Neg
5. Current Wellness Exams:	Mammo	Pelvic	Prostrate		
Age Related Illness:					
6. Any New Health Problems:	Yes	No	Explanation:		
7. Any New Behaviors:	Yes	No	Describe:		
8. Medical Training Log Up to Date:	Yes	No			
<b>MEDICATION REVIEW:</b>					
1. MAR filled out correctly:	Yes	No			
2. All dates filled in on MAR :	Yes	No			
3. Current Dr orders for all meds:	Yes	No			
4. Current PRN orders:	Yes	No			
5. Meds on MAR match Dr orders:	Yes	No			
6. Current side effects sheets in book and signed by staff:	Yes	No			
7. Doctor's sheets filled out completely:	Yes	No			
8. Evidence of testing for Tardive Dyskinesin:	Yes	No	N/A		
9. Results of blood levels drawn:	Yes	No	UA:	Yes	No
10. Current Dr orders for any mechanical devices:	Yes	No	N/A		
Special Diet:	Yes	No	N/A		
11. Any new meds or changes in medication:	Yes	No			
12. Are they effective:	Yes	No	N/A		
13. Consumer recognize what meds are for:	Yes	No			
14. Staff are reviewing side effects with consumer:	Yes	No			
<b>SAFETY:</b>					
1. Fire drill and safety tx completed for prior month:	Yes	No			
2. Smoke alarms operational:	Yes	No	Batteries changed		
3. Fire Extinguisher full and in place:	Yes	No			
4. Flashlight, candles, FA kit and blankets available:	Yes	No			
5. Storm and tornado drill conducted:	Yes	No	Date		
6. Cleanliness of the home:	Satisfactory	Unsatisfactory			
7. Temperature of the home is comfortable:	Yes	No			
8. Food/cleaning supplies adequate:	Yes	No			
9. Emergency numbers are posted and people know how to use them:	Yes	No			
<b>CONSUMER RECORDS:</b>					
1. Daily log completed for each shift:	Yes	No			
2. Results of appointments/recommendations in daily log:	Yes	No			
3. Daily log reflects progress toward outcomes:	Yes	No			
4. Current signed IP in place and signed by all staff:	Yes	No			
5. Monthly reviews since last IP in record:	Yes	No			
6. Consumer database complete and current:	Yes	No			
7. Incident Reports will be completed and turned in to the office:	Yes	No			

## RECOMMENDATIONS/ACTION PLAN:

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